

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32217**

BIRTH NO. _____		REG. DIST. NO. 185		PRIMARY REG. DIST. NO. 5691		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Twp		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		05:00	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) Jefferson Twp			
3. NAME OF DECEASED (Type or Print) MOLLIE		a. (First) FRANCES		b. (Middle) PERKINS		c. (Last) _____	
4. DATE OF DEATH Sept-30-1952		(Month) (Day) (Year)					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec-11-1864	9. AGE (in years last birthday) 87	10. MONTHS 9	11. DAYS 19	12. IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Chariton Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Reid		13b. MOTHER'S MAIDEN NAME D. K.		14. NAME OF HUSBAND OR WIFE James Perkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Walter Stockwell ADDRESS Brookfield Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic glomerular nephritis DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia				INTERVAL BETWEEN ONSET AND DEATH 10 yr.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 592 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Oct. 10 , 1951, to Sept 30 , 1952, that I last saw the deceased alive on Sept. 30 , 1952, and that death occurred at 8:28 m., from the causes and on the date stated above.							
23a. SIGNATURE H. W. Bohm (Degree or title) M.D.		23b. ADDRESS 211 Linn Brookfield Mo.		23c. DATE SIGNED 10/2/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/3/52		24c. NAME OF CEMETERY OR CREMATORY Rockville Cem		24d. LOCATION (City, town, or county) (State) Rockville Mo	
DATE REC'D BY LOCAL REG. Oct. 3-1952		REGISTRAR'S SIGNATURE Chris A. Maters		25. FUNERAL DIRECTOR'S SIGNATURE H. Blacklock ADDRESS Brookfield Mo.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
v. 10-48

FILED OCT 6 1952

Dr. R. B. Johnson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. B. Blacklock

Licensed Embalmer No. *2246*

P. O. Address

Brookfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.